KILBOURN CARE CENTER

2125 WEST KILBOURN AVENUE	125 WEST KII	JBOURN A	AVENUE
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MILWAUKEE	53233	Phone: (414) 342-1312		Ownership:	Corporation
Operated from 1	./1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	nction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	et Up and St	affed (12/31/03):	80	Title 18 (Medicare) Certified?	Yes
Total Licensed E	ed Capacity	(12/31/03):	80	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31	/03:	70	Average Daily Census:	70

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis		Age Groups	용		14.3
Supp. Home Care-Personal Care	No					1 - 4 Years	30.0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	50.0	More Than 4 Years	47.1
Day Services	No	Mental Illness (Org./Psy)	14.3	65 - 74	15.7		
Respite Care	No	Mental Illness (Other)	22.9	75 - 84	30.0		91.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	2.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.7	95 & Over	1.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0		
Other Meals	No	Cardiovascular	2.9	65 & Over	50.0		
Transportation	No	Cerebrovascular	5.7			RNs	8.7
Referral Service	No	Diabetes	2.9	Gender	용	LPNs	19.6
Other Services	No	Respiratory	8.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	31.4	Male	61.4	Aides, & Orderlies	30.6
Mentally Ill	Yes	[Female	38.6	I	
Provide Day Programming for		[100.0			1	
Developmentally Disabled	No	[100.0		
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Method of Reimbursement

		Medicare			Medicaid 'itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Skilled Care	2	100.0	270	56	84.8	119	1	100.0	99	1	100.0	122	0	0.0	0	0	0.0	0	60	85.7
Intermediate				8	12.1	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	11.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		66	100.0		1	100.0		1	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%			% Totally	Number of
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	15.7		71.4	12.9	70
Other Nursing Homes	16.3	Dressing	45.7		45.7	8.6	70
Acute Care Hospitals	39.5	Transferring	60.0		31.4	8.6	70
Psych. HospMR/DD Facilities	18.6	Toilet Use	51.4		35.7	12.9	70
Rehabilitation Hospitals	9.3	Eating	67.1		27.1	5.7	70
Other Locations	11.6	**********	*****	*****	* * * * * * * * * * * * * * * * * * *	*****	*****
Total Number of Admissions				용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.1	Receiving Resp	iratory Care	2.9
Private Home/No Home Health	4.4	Occ/Freq. Incontiner	t of Bladder	32.9		heostomy Care	1.4
Private Home/With Home Health	13.3	Occ/Freq. Incontiner	it of Bowel	31.4	Receiving Suct	ioning	0.0
Other Nursing Homes	13.3	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	22.2	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	15.6	Physically Restraine	ed.	1.4	Receiving Mech	anically Altered Diets	40.0
Rehabilitation Hospitals	0.0				_	-	
Other Locations	20.0	Skin Care			Other Resident C	haracteristics	
Deaths	11.1	With Pressure Sores		1.4	Have Advance D	irectives	41.4
Total Number of Discharges		With Rashes		2.9	Medications		
(Including Deaths)	45				Receiving Psyc	hoactive Drugs	82.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Pro	ership: prietary Group	50	Size: -99 Group	Ski	ensure: lled Group	Al. Faci	l lities
	%	%	Ratio	90	Ratio	90	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	84.7	0.97	88.1	0.93	86.6	0.95	87.4	0.94
Current Residents from In-County	100	81.8	1.22	88.7	1.13	84.5	1.18	76.7	1.30
Admissions from In-County, Still Residing	37.2	17.7	2.11	20.6	1.80	20.3	1.83	19.6	1.89
Admissions/Average Daily Census	61.4	178.7	0.34	189.9	0.32	157.3	0.39	141.3	0.43
Discharges/Average Daily Census	64.3	180.9	0.36	189.2	0.34	159.9	0.40	142.5	0.45
Discharges To Private Residence/Average Daily Census	11.4	74.3	0.15	75.8	0.15	60.3	0.19	61.6	0.19
Residents Receiving Skilled Care	88.6	93.6	0.95	94.9	0.93	93.5	0.95	88.1	1.01
Residents Aged 65 and Older	50.0	84.8	0.59	91.0	0.55	90.8	0.55	87.8	0.57
Title 19 (Medicaid) Funded Residents	94.3	64.1	1.47	48.6	1.94	58.2	1.62	65.9	1.43
Private Pay Funded Residents	1.4	13.4	0.11	30.8	0.05	23.4	0.06	21.0	0.07
Developmentally Disabled Residents	1.4	1.1	1.33	0.4	3.98	0.8	1.69	6.5	0.22
Mentally Ill Residents	37.1	32.2	1.16	31.3	1.19	33.5	1.11	33.6	1.11
General Medical Service Residents	31.4	20.8	1.51	24.1	1.30	21.4	1.47	20.6	1.53
Impaired ADL (Mean)	31.1	51.8	0.60	48.8	0.64	51.8	0.60	49.4	0.63
Psychological Problems	82.9	59.4	1.40	61.9	1.34	60.6	1.37	57.4	1.44
Nursing Care Required (Mean)	6.6	7.4	0.89	6.8	0.97	7.3	0.91	7.3	0.90